## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. An indicate of the specifying a maintenance free notifications.  maintenance fee notifications.	a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the

42425

02/09/2011 7590

HICKMAN PALERMO TRUONG & BECKER/ORACLE 2055 GATEWAY PLACE

08/18/2003

SUITE 550

10/643 629

SAN JOSE, CA 95110-1083

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Feeds Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2883, on the date indicated below. (Depositor's name)

4456

(Date) CONFIRMATION NO. APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.

TITLE OF INVENTION: FREQUENT ITEMSET COUNTING USING CLUSTERED PREFIXES AND INDEX SUPPORT

APPLN. TYPÉ	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	S0	\$1810	05/09/2011
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
ALAM, SHAHID AL 2162		707-002000				
CFR 1.363).  Change of corres Address form PTO/S  "Fee Address" in	dence address or indication of the pondence address (or Chib/122) attached. dication (or "Fee Address to 2 or more recent) attached.	ange of Correspondence	2. For grinting on the patient float page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered sitteney or agent) and the names of up to 1 registered sitteney or agent). It is names if 1 stilled, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (point or type)  PLEASE NOTE: Unless an assignee is identified below, to assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CPT 3.11. Complication of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Oracle International Corporation  Redwood Shores, California, U.S.A.  Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted:  ② Issue Fee ③ Issue Fee ③ Issue Fee ③ Pablication Fee (b) small entity discount permitted) □ Advance Order - # of Copies □ Advance Order - # of Copies □ The Director is hereby authorized to charge lig-required, overpayment, to Deposit Account Number 5.0—1.30						own above)
5. Change in Entity Status (from status indicated showe)  a. Applicant claim: SAALL ENTITY status. See 37 CER 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CER 1.27(g)/(2).  Indicate the control of the contr						
Authorized Signature //StoychoDDraganoff#56181/ Date May 6, 2011						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 52 CFR 1.22 and 97 CFR 1.4. This collection is estimated to take 12 minutes to complete, including subserting, preparing, and this form and/or suggestions for recturing this barden. Should be sent to the CFR 1.4. This collection is estimated and an arrival complete the com

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Stoycho D. Draganoff

Registration No. \_56,181